

MIDDLESEX COUNTY FIRE MARSHAL 1001 Fire Academy Drive Sayreville, NJ 08872 732-316-7171 (office) 732-721-7486 (fax)



APPLICATION FOR REGISTRATION OF BUSINESS (please print or type all information)

| | Γhis area office use only D, #:Date Registered: |
|---------------------------|--|
| | D, mButo Registered |
| Business Name: | |
| Street Address: | |
| Fax #: | Phone # |
| Email: | |
| Block/Lot: | Do youOWN or LEASE the property (circle one) |
| Building Owner's Name: | |
| Street Address: | Phone/Fax # |
| Business Owner's Name: | |
| Federal I.D. # | Phone/Fax # |
| Street Address: | |
| Business Type: Individual | Partnership Corporation Other |
| Manager/Agent:_ | |
| Street Address: | |
| | Phone/Fax # |
| Emergency Contact #1: | Phone # |
| Emergency Contact #2: | Phone # |
| Emergency Contact #3: | Phone # |
| Description of Use: | |
| Construction Information: | |
| Square Footage: | |
| Nearest Cross Street: | |
| Occupancy Load: | |
| I CERTIFY THAT ALL | L STATEMENTS MADE ABOVE ARE TRUE |
| Signature: | |
| Print Name/Title: | |
| Address: | |